

## 2018 WAGE SURVEY CHECKLIST

To facilitate processing, please make sure the following steps are completed correctly.		X
1.	The wage survey directions were read in full.	
2.	The new October/November 2018 wage survey template was downloaded from <a href="https://mmcp.health.maryland.gov/longtermcare/Pages/wagesurvey.aspx">https://mmcp.health.maryland.gov/longtermcare/Pages/wagesurvey.aspx</a>	
3.	The <u>How to Report Shift Differentials</u> instructions were downloaded and studied. There are no \$/Reg. Hr. entries of less than \$10.10 in the wage survey file. Overtime pay rates are not recorded, only overtime hours.	
4.	No employee exceeds 80 regular hours (except for facilities with more than 14 days in the pay period).	
5.	The Wage Survey is renamed and sent as “ws123456789” (using the facility’s 9 digit Medicaid provider number) as a CSV file.	
6.	The 9 digit Medicaid Provider Number is in cell A-1.	
7.	The nursing home name, address, city and wage survey contact name are entered as requested. <u>There are no commas in these data.</u>	
8.	The Pay Period Begin <u>and</u> End dates are entered as: MM/DD/YYYY.	
9.	The Daily Midnight Census is entered for each day of the pay period.	
10.	The Employee ID#, Status and DOE are entered on <u>each line</u> . The same DOE for a given employee should be the same on each line.	
11.	There is only one employee ID# for each employee - of course there may be multiple lines for the same employee.	
12.	There is only one DOE for each employee - of course there may be multiple lines for the same employee. <u>There are no dates of employment for agency staff.</u>	
13.	Pay amounts (\$/Reg Hr and Reg Pay) are rounded to the nearest cent, e.g., 14.20, not 14.2, 532.45, not 532.4486.	
14.	The completed survey has been uploaded to the server.	